



State of Illinois
Department of Healthcare and Family Services
Department of Human Services
Illinois Medicaid Redetermination

00043
HH_NAME (MGI_NULL_ENGLISH)
ADDRESS LINE1
ADDRESS LINE2
CITY ST
00-IMR2BR1E-3
MGI - EN



February 12, 2014

Case ID: 066066010011Y

Dear HH_NAME (MGI_NULL_ENGLISH),

It is time to renew your medical coverage!

It's time for renewal, also known as "redetermination" or "re-de."

Here's what to do:

1. Answer all questions on this form.
2. Make sure all the information is correct. If any information is wrong, cross it out and write in the correct information.
3. Sign this form at the bottom of **page 3**.
4. Attach proof documents for income and expenses and other proofs we ask for.
5. Send your signed form and all proofs by **February 5, 2014**.

Send your form and proofs to us one of these ways:

- **Fax** your form and proofs to 1-866-661-7025
- **Mail** your form and proofs in the envelope that we sent you
- **E-mail** your form and proofs to www.medredes.hfs.illinois.gov

Your medical benefits may end if you do not send your proofs by February 5, 2014.

Call us at 1-855-458-4945 (TTY: 1-855-694-5458) if you cannot send everything on time or if you have questions. We may be able to help you get the proofs you need.

Thank you,

Illinois Medicaid Redetermination

Questions? Call **1-855-458-4945** (TTY: 1-855-694-5458). The call is free!
Monday to Friday from 7 a.m. to 7:30 p.m. and Saturday from 8 a.m. to 1 p.m.
E-mail us at www.medredes.hfs.illinois.gov or send a fax to 1-866-661-7025.
Tenemos información en español. ¡Servicio de intérpretes gratis!
Lláme al 1-855-458-4945.



01-03-3-01

Redetermination Notice (MGI)
02/14 - MGI - EN - 1
20440212.999990000100 - 772010101
26 - 74886



Medical Renewal Form

1. Do these people still live with you?

MEMBER NAME1

01/01/1999

☐ Yes ☐ No

2. Tell us about anyone else who lives with you:

Name

Date of birth

Relationship to you

First, Middle, Last, Suffix (Jr., Sr., II or III)

(month/day/year)

(for example: spouse, child, parent)

Name:

Date of birth:

Relationship:

Name:

Date of birth:

Relationship:

Name:

Date of birth:

Relationship:

Name:

Date of birth:

Relationship:

3. Are you or is anyone who lives with you pregnant?

If yes, name: _____ Due date: _____ Expected number of babies: _____

4. Did you or anyone living with you get new health insurance in the last year? ☐ Yes ☐ No

If yes, name of insurance plan: _____ Policy number: _____

Who is covered by this health insurance? _____

Name of insurance plan: _____ Policy number: _____

Who is covered by this health insurance? _____

5. Will you or anyone who lives with you file a federal income tax return *next year* to report income earned *this year*? ☐ Yes ☐ No

If yes, name of person filing tax return: _____

If this person will **file jointly with a spouse**, write name of spouse: _____

If this person will **claim dependents** on the tax return, write name(s) of dependents:

6. Can you be claimed as a dependent on anyone's tax return? ☐ Yes ☐ No

If yes, name of person: _____ Relationship to you: _____



7. Do you and everyone living with you still get this income from these sources?

Salary, wages, and tips for everyone..... <i>(total before taxes are taken out)</i>	Total per month: \$ 1111.99 Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Self-employment income for everyone <i>(profit once business expenses are paid)</i>	Total per month: \$ 2222.99 Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment for everyone	Total per month: \$ 3333.99 Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security for everyone.....	Total per month: \$ 4444.99 Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Security Income (SSI) for everyone.....	Total per month: \$ 9999.99 Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pension or retirement income for everyone	Total per month: \$ 5555.99 Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spousal support received by everyone.....	Total per month: \$ 6666.99 Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Interest or investment income for everyone.....	Total per month: \$ 8888.99 Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rental fees or royalties for everyone.....	Total per month: \$ 7777.99 Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other income for everyone.....	Total per month: \$ 3399.99 Is this correct? <input type="checkbox"/> Yes <input type="checkbox"/> No

➡ **If you checked no for any income, write the correct amount in the next section.**

8. Do you or anyone living with you get other income? Check all that apply.

<input type="checkbox"/> Salary, wages, and tips	How much?	How often?
<input type="checkbox"/> Self-employment	How much?	How often?
<input type="checkbox"/> Unemployment	How much?	How often?
<input type="checkbox"/> Social Security	How much?	How often?
<input type="checkbox"/> Supplemental Security Income (SSI)	How much?	How often?
<input type="checkbox"/> Pension or retirement income	How much?	How often?
<input type="checkbox"/> Interest or investment income	How much?	How often?
<input type="checkbox"/> Rental fees or royalties	How much?	How often?
<input type="checkbox"/> Spousal support received	How much?	How often?
<input type="checkbox"/> Other: _____	How much?	How often?

➡ **Attach proof of the amount for any income received in the last 30 days.**



9. If you plan to file taxes, do you or anyone living with you pay these tax deductible expenses?

Check all that apply.

<input type="checkbox"/> Spousal support paid to someone else	How much?	How often?
<input type="checkbox"/> Student loan interest paid	How much?	How often?
<input type="checkbox"/> Other: _____	How much?	How often?

➡ *Attach proof of all expenses paid in the last 30 days.*

10. Read and sign below:

- I understand that officials in charge of my health benefits may check all information on this form.
- I understand they may check my information electronically. If they ask for my help checking information, I must cooperate.
- I understand that anyone who knowingly lies or provides untrue information, or arranges for someone to knowingly lie or provide untrue information, or intentionally misuses the health benefits card issued by the State of Illinois, may be committing a crime which can be prosecuted or punished under federal law, state law, or both.
- If the Illinois Department of Healthcare and Family Services pays medical bills for me, the State of Illinois may collect my medical support payments instead of me.
- I am signing this form under the penalty of perjury. That means the information I have provided on this renewal form is true to the best of my knowledge, and I may be punished under law if I provide false or untrue information.

Your signature

Today's date

11. Remember! Make sure you answered all questions and signed the form.

➡ Send this form to us with all proofs by **February 5, 2014.**

